

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030729

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED JUL 22 1963

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Wayne</b>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>  |   | Length of stay in 1b<br><b>DOA</b>   | c. CITY OR TOWN <b>Greenville</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>County Hosp. DOA</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>Greenville</b>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>RANFORD</b> Middle <b>P</b> Last <b>DAVIS</b>   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>2</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12/27/11</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Cement Finisher</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Building Trade</b>   | 9. AGE (last birthday)<br><b>51</b>  |
| 11a. FATHER'S NAME<br><b>Davis</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Mamie Bennet</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W War #2</b>   |   | 17. INFORMANT<br><b>Rosa Davis</b> Address <b>Greenville Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Unknown natural causes</b><br>DUE TO (b) <b>(History of treatment for heart trouble and ulcers by physician in Poplar Bluff, Mo.)</b><br>DUE TO (c) <b>Mo.)</b> |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <b>8:21</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Clayton, Missouri</b>   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>DOA Co. Hosp. 8:21 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22c. DATE SIGNED<br><b>7/6/63</b>  |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Ranford P. Davis</b> Coroner   |   | 22b. ADDRESS<br><b>Clayton, Missouri</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>7/5/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Fendler Und. Co.</b> ADDRESS <b>7420 Michigan 11</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-3-63</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy</b>   |   | 27. REGISTRAR'S SIGNATURE<br><b>John B. Murphy</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. G. Peterson*

Licensed Embalmer No. 3767

P. O. Address

7420 Michigan 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.